



COMMISSIONER  
James R. Hine

November 27, 2002

**BOARD MEMBERS**

John M. Bradley  
Chair, Dallas

Jerry Kane  
Vice Chair, Corpus Christi

Abigail Rios Barrera, M.D.  
San Antonio

John A. Cuellar  
Dallas

Manson B. Johnson  
Houston

Terry Durkin Wilkinson  
Midland

To: Community Care for the Aged and Disabled (CCAD)  
Primary Home Care (PHC) Providers

Subject: Long Term Care (LTC)  
Information Letter No. 02-35  
Revision to Form 3858

The Texas Department of Human Services (DHS) has revised Form 3858, Compliance Monitoring Guide for Contract Performance Standards (Primary Home Care Services Agencies), and Instructions. The revision will be effective in April 2003.

DHS staff will begin using the revised Form 3858 for monitoring visits conducted in April 2003, for the review period beginning in December 2002. DHS staff will continue to use the current version of Form 3858 through March 2003. The revised form and instructions attached to this letter will be posted in the online version of the *Community Care Provider Forms Manual* in April 2003.

Revisions to the form and each standard are summarized below.

**Form Header/General**

- All references to Review Month have been changed to Review Period. This applies to the Form and the Instructions.
- A space for the Client Name has been added to the top of Pages 2 - 4.
- A space for the Agency Name has been added to the top of Page 5.
- A Form Summary has been added to the bottom of Page 1. The Form Summary has been added to the Instructions.

### **Standard 1, Initial Health Assessment**

- Texas Administrative Code (TAC) and/or Provider Manual references have been added to each item.
- Standard 1 and instructions have been clarified to better indicate when the standard is applicable.
- Standard 1 and instructions have been clarified to better indicate when each item is read.
- A line has been added between each Item for clarity.
- The Notes column has been reformatted to ensure notes are with the applicable Item.
- The notes for Item c have been moved from below the item to the Notes column. The notes are with the applicable item.
- A new note has been added in Item c regarding supervision. This note is based on CCAD Policy Clarification 02010.

### **Standard 2, Service Initiation**

- TAC and/or Provider Manual references have been added to each item.
- Standard 2 and instructions have been clarified to better indicate when the standard is applicable.
- Standard 2 and instructions have been clarified to better indicate when each item is read.
- A line has been added between each Item for clarity.
- The Notes column has been reformatted to ensure notes are with the applicable Item.
- The notes for Item c and e have been corrected.
- The note for Item f has been moved from below the item to the Notes column.

### **Standard 3, Ongoing Services**

- TAC and/or Provider Manual references have been added to each item.
- Standard 3 and instructions have been clarified to better indicate when the standard is applicable.
- Standard 3 and instructions have been clarified to better indicate when each item is read. Specific Instructions for Items a, b and c have been added.
- A line has been added between each Item for clarity.
- The Notes column has been reformatted to ensure notes are with the applicable Item.
- The notes for Item a have been clarified and expanded.
- Additional space has been added in the notes for Items b and c for multiple attendants.

#### **Standard 4, Service Breaks**

- TAC and/or Provider Manual references have been added to each item.
- Standard 4 and instructions have been clarified to better indicate when the standard is applicable.
- Standard 4 and instructions have been clarified to better indicate when each item is read.
- A line has been added between each Item for clarity.
- The Notes column has been reformatted to ensure notes are with the applicable Item.
- Items a and b have been clarified to the use of service interruption and service break.

#### **Standard 5, Complaints**

- Standard 5 has been re-written to follow existing TAC. The new version of this standard is based on the version used in other Community Care program monitoring guides. TAC and/or Provider Manual references have been added to each item.
- The chart for complaints has been revised to provide space to document the information needed to appropriately mark Item c.
- The notes have been clarified to indicate the complaint must be sent to DHS, rather than specifying the contract manager. This is based on 40 Texas Administrative Code §49.14, Complaint Procedures.

Please contact your contract manager if you have any further questions regarding this information. Contract Managers should contact Sarah Hambrick at (512) 438-2578.

Sincerely,

#### **Signature on file**

Becky Beechinor  
Assistant Deputy Commissioner  
Long Term Care Services

BB:ck

Attachments

## COMPLIANCE MONITORING GUIDE FOR CONTRACT PERFORMANCE STANDARDS (Primary Home Care Service Agencies)

Client Name		Medicaid No.		Review Period	
Review Type <input type="checkbox"/> Formal <input type="checkbox"/> Follow-Up		Service <input type="checkbox"/> Family Care <input type="checkbox"/> Primary Home Care		Status <input type="checkbox"/> Priority <input type="checkbox"/> Non-Priority	
Agency Name		Vendor No.		Monitor Region      Date of Review	

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>STANDARD 1—Initial Health Assessment</b>				
Was the initial assessment due or completed within review period and was this a non-emergency case? ..... <b>If YES, continue to Item a.</b> <b>If NO, mark Standard 1 N/A. Skip to Standard 2.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Did the provider agency RN conduct an onsite health assessment using the Primary Home Care Health Assessment/Individual Service Plan within 14 days of the referral date on Form 2101? ..... <b>REFERENCE: 40 TAC §47.2902(d); Manual Section 5230</b> <b>If YES, mark Items b1 and b2 N/A. Skip to Item c.</b> <b>If NO, continue to Item b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div>Referral Date (Form 2101, Item 1):</div> <div>Assessment Date (Health Assessment/Individual Service Plan):</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> </div>
b. If there was a delay in completing the health assessment:  1. Was the caseworker notified of the reason for the delay via Form 2067 within 14 days? .....  2. Did the Form 2067 give the reason for the delay? ..... <b>REFERENCE: 40TAC §47.2902(e); Manual Section 5230</b> <b>If either Item b1 or b2 is marked NO, Standard 1 is NOT MET.</b> <b>Continue to Item c.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Form 2067 Signature Date:</div> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Reason for Delay:</div> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> </div>
c. Did the RN develop an individualized plan of care that includes the following areas:  1. An assessment of the client's health?.....  2. Tasks, hours, and schedule for services to be provided?....  3. Frequency of supervisory visits?.....  4. Whether an RN or someone who is not an RN should supervise the attendant?.....  5. Is the individualized service plan agreed upon and signed by the client/client's family and agency?..... <b>REFERENCE: 40TAC 47.2902(f)(1)-(4); Manual Section 5231</b> <b>If any Item c1, 2, 3, 4, or 5 is marked NO, Standard 1 is NOT MET.</b> <b>Continue to Item d.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="margin-top: 10px;">NOTE: Mark Item c2 NO if Health Assessment/Individual Service Plan does not list specific tasks.</div> <div style="margin-top: 10px;">NOTE: An RN must supervise the client if the license category is Licensed Home Health</div> <div style="margin-top: 10px;">NOTE: Client/client's family must sign Health Assessment/Individual Service Plan on or before the client's services start.</div>
d. Did the provider agency request prior approval within 14 days of the referral date or did the provider agency notify the caseworker about the reason for the delay within 14 days? (postmark or Form 2067) (N/A for Family Care)..... <b>REFERENCE: 40TAC §47.2902(a)-(c); Manual Section 5220</b> <b>If Item d is marked NO, Standard 1 is NOT MET.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div>Referral Date (Form 2101, Item 1):</div> <div>PM/Meter/Stamp-In/ Hand Carry Date:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Form 2067 Signature Date:</div> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> </div>
<b>STANDARD 1 IS:</b>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Reason for Delay:</div> <div style="border: 1px solid black; width: 40%; height: 20px;"></div> </div>

Form Summary:

Standard 1:

Standard 2:

Standard 3:

Standard 4:

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>STANDARD 2--Service Initiation</b>				
Were services initiated or should they have been initiated during the review period and was this a non-retroactive case? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES, and this is a FAMILY CARE client, continue to Item a.</b>				
<b>If YES, and this is a PRIMARY HOME Care client, mark Item a and b N/A and continue to Item c.</b>				
<b>If NO, mark Standard 2 N/A. Skip to Standard 3</b>				
<b>a. Family Care:</b> Were services initiated within 14 days of the referral date on Form 2101 (Item 1) or for verbal referrals, on the date negotiated with the caseworker? ..... <b>REFERENCE:</b> 40TAC §47.2905(a)(2) or (f)(3); Manual Section 5522 or 5330 <b>If YES, mark Items b, c, and d N/A. Skip to Item e.</b> <b>If NO, continue to Item b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral Date (Form 2101, Item 1): _____ OR Verbal Negotiation Date: _____ First Day of Services (Service Delivery Record): _____
<b>b. Family Care:</b> Was the caseworker notified of the delay via Form 2067 (or facsimile) within 14 days of the form date (date of completion) in Item 1, Form 2101? ..... <b>REFERENCE:</b> Manual Section 5522 <b>If both Item a and b is marked NO, Standard 2 is NOT MET.</b> <b>Mark Items c and d N/A. Skip to Item e.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 2067 Signature Date: _____ Reason for Delay: _____
<b>c. Primary Home Care:</b> Were services initiated within seven days of the beginning date of coverage on Form 2101 (Item 4); or for verbal referrals, on the date verbally negotiated with the caseworker; or the date of the regional nurse's verbal approval if the initiation date is after the negotiated date? ..... <b>REFERENCE:</b> 40TAC §47.2905(a)(1) or (f)(1)-(2); Manual Section 5522 or 5330 <b>If YES, mark Item d N/A. Skip to Item e.</b> <b>If NO, continue to Item d.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beginning Date of Coverage (Form 2101, Item 4): _____ OR Verbal Negotiation/Approval Date: _____ First Day of Services (Service Delivery Record): _____
<b>d. Primary Home Care:</b> Was the caseworker notified of the delay via Form 2067 (or facsimile) by the eighth day after the date in Item 4 on Form 2101? ..... <b>REFERENCE:</b> 40TAC §47.2905(d); Manual Section 5522 <b>If both Item c and d is marked NO, Standard 2 is NOT MET.</b> <b>Continue to Item e.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 2067 Signature Date: _____ Reason for Delay: _____
<b>e. Family Care or Primary Home Care:</b> Within 14 days of beginning date of coverage, did the provider agency complete and return a Form 2101 indicating:  1. The date services were initiated? ..... 2. The name of the attendant? ..... <b>REFERENCE:</b> 40TAC 47.2905(e); Manual Section 5530 <b>If either Item e1 or e2 is marked NO, Standard 2 is NOT MET</b> <b>Continue to Item f.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Item 1, Form 2101 Date (FC): _____ Item 4, Form 2101 Date (PHC) _____ Agency Response Date (Form 2101): _____ NOTE: If services were not initiated within the applicable time frame, and Form 2067 was sent timely to the caseworker, Item e is N/A.
<b>f. Family Care or Primary Home Care:</b> 1. If a <b>regular</b> attendant was used to initiate services, was he oriented in the client's home on or before the first day he began to provide services to the client? ..... 2. If a <b>special</b> attendant was used to initiate services, was he oriented in the client's home, in the office or by telephone on or before the first day he began to provide services to the client? ..... <b>REFERENCE:</b> 40TAC §47.2911; Manual Section 5550 <b>If either Item f1 or f2 is marked NO, Standard 2 is NOT MET.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Day of Services (Service Delivery Record): _____ Orientation Date (Attendant Orientation/Supervisory Visit): _____
<b>STANDARD 2 is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

April 2003

Client Name: \_\_\_\_\_

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>STANDARD 3—Ongoing Services</b>				NOTE: Review Standard 3 for all cases in the review sample.
a. Were supervisory visits performed within the schedule determined by the supervisor? ..... NOTE: Review Item a for supervisory visits: • completed during the review period • with a due date during the review period; and • with a due date before the review period that were not completed by the end of the review period  <b>REFERENCE: Manual Section 5560</b> <b>Continue to Item b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Previous Visit (Attendant Orientation/Supervisory Visit): Visit Frequency (Attendant Orientation/Supervisory Visit): Date Next Visit is Due: Date Visit Made:
b. Was each regular attendant oriented in the client's home on or before the first day he began to provide services to the client?.....  <b>REFERENCE: 40TAC §47.2911(a)(1)-(3); Manual Section 5550</b> <b>Continue to Item c.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendant Name: Date Began to Provide Services (Service Delivery Record): Date Oriented (Attendant Orientation/Supervisory Visit):
c. Was each special attendant oriented in the client's home, in the agency office, or by telephone on or before the first day he began to provide services to the client?.....  <b>REFERENCE: 40TAC §47.2911(a)-(b); Manual Section 5550</b> <b>Continue to Item d.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Attendant Name: Date Began to Provide Services (Service Delivery Record): Date Oriented (Attendant Orientation/Supervisory Visit):
d. Did the provider agency verbally notify the caseworker or staff in the caseworker's office about any change that may require an increase in hours or service termination?.....  <b>REFERENCE: 40TAC §47.2912(a); Manual Section 5591</b> <b>Continue to Item e.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Only review for verbal contact date. Do not review for date of awareness of the need for the change.  Verbal Contact Date:
e. Did the provider agency follow up the verbal notification in writing to the caseworker, using the Attendant Orientation/Supervisory Visit within seven days after verbal notification?.....  <b>REFERENCE: 40TAC §47.2912(a); Manual Section 5591</b> <b>Continue to Item f.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal Contact Date: Completion Date (Attendant Orientation/Supervisory Visit):
f. For 1929(b) cases with caseworker-initiated plan changes, did the agency forward to the regional nurse a copy of the Attendant Orientation/Supervisory Visit and Form 2101 within seven days of receipt? .....  <b>REFERENCE: 40TAC §47.2912(b)(2); Manual Section 5592</b> <b>Continue to Item g.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipt Date (Form 2101): Completion Date (Attendant Orientation/Supervisory Visit & Form 2101):
g. For 1929(b) prior-approval renewal cases, did the agency forward a copy of Form 2101 and the Attendant Orientation/Supervisory Visit to the regional nurse within 14 days of the referral date (Item 1, Form 2101)?.....  <b>REFERENCE: 40TAC §47.2913(a); Manual Section 5620</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral Date (Form 2101, Item 1) PM/Meter/Stamp-In/Hand Carry Date
<b>If ANY item under Standard 3 is NO, Standard 3 is NOT MET.</b>  <b>STANDARD 3 IS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Client Name: \_\_\_\_\_

STANDARDS CRITERIA	YES	NO	N/A	NOTES
<b>STANDARD 4—Service Breaks</b>				NOTE: Review Standard 4 for all cases in the review sample.
a. PRIORITY CLIENT: Is this a priority client? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES, continue to Item a1.</b>				
<b>If NO, mark Item a1 N/A. Skip to Item b.</b>				
1. Did the client receive all authorized or scheduled services? Each instance of less than scheduled hours, or no services provided must have the reason for the interruption documented. Valid reasons are listed in (1-4) below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Review the Service Delivery Record to determine if there is a service interruption for a priority one client. A service interruption occurs any time the client does not receive all authorized or scheduled services.
(1) For each interruption in services is the service interruption caused by circumstances described in §47.2914(a)-(b), Suspension of Services? <b>REFERENCE: 40TAC §47.2910(c)(1); Manual Section 5570</b>				Document all service interruptions and make any notations as applicable. Indicate any days without valid documentation of service interruptions on a separate document. The separate document becomes part of the monitoring tool and must be attached.
(2) For each interruption in service, was the client not at home when the attendant was scheduled to provide services? <b>REFERENCE: 40TAC §47.2910(c)(2); Manual Section 5570</b>				Number of days with no service, and no valid reason documented: .....
(3) For each interruption in service did the client request that services not be provided on (a) specific day(s)? <b>REFERENCE: 40TAC §47.2910(c)(3); Manual Section 5570</b>				Number of days with less service, and no valid reason documented: .....
(4) For each interruption in service, did the client agree to less than scheduled hours as documented in the record? <b>REFERENCE: 40TAC §47.2910(c)(4); Manual Section 5570</b>				
<b>If item a1 is marked NO, and any instance of less than scheduled/no services provided during the entire review period does not have a reason documented, or the reason documented is not valid, Standard 4 is NOT MET.</b>				
<b>Continue to Item b.</b>				
b. NON-PRIORITY CLIENT: Is this a non-priority client? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Review the Service Delivery Record to determine if there is a service break for a non-priority client. There is a service break if there are more than 14 calendar days from the first day missed. Start counting the first day services were scheduled to be provided but were not delivered as the first day missed. Another approval is not required when an approval has already been obtained and the service break continues consecutively. Another approval is needed only if a service break occurs after services have been resumed.
<b>If YES, continue to Item b1.</b>				
<b>If NO, mark Item b1 and b2 N/A.</b>				Note: If either item b1 or b2 is marked NO, enter the number of calendar days that services were not provided due to that reason.
1. For each service break (interruption beyond 14 days), was the service break caused by circumstances described in Suspension of Services, §47.2914(a)-(b)?..... <b>REFERENCE: 40TAC §47.2910(a)(2); Manual Section 5570</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document any service breaks and make any notations as applicable. Indicate any service breaks on a separate document. The separate document becomes part of the monitoring tool and must be attached.
<b>Continue to Item b2.</b>				
2. For each service break (interruption beyond 14 days), was verbal approval obtained for a service break extension beyond 14 days and then a written approval requested within seven days of the verbal approval? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 2067 Signature Date: _____
<b>REFERENCE: 40TAC §47.2910(d); Manual Section 5570</b>				
<b>If either Item b1 or b2 is marked NO, Standard 4 is NOT MET.</b>				
<b>STANDARD 4 IS:</b>	<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: If Standard 4 is NOT MET, report patterns of non-delivery of scheduled services to the contract manager.

Facility Name: \_\_\_\_\_

STANDARDS CRITERIA	YES	NO	NOT MET	NOTED																																																																		
<b>STANDARD 5--Complaints</b>				NOTE: Review Standard 5 only once for the provider agency.																																																																		
a. Does the provider agency maintain a log of the complaints and make review of complaints accessible to the contract manager?..... <b>REFERENCE: 40TAC §49.14(3); Manual Section 2100</b> <b>If YES, continue to Item b.</b> <b>If NO, Standard 5 is NOT MET.</b>	<input type="checkbox"/>	<input type="checkbox"/>																																																																				
b. Were there complaints during the review period?..... <b>If YES, continue to Item c.</b> <b>If NO, Standard 5 is MET.</b>	<input type="checkbox"/>	<input type="checkbox"/>																																																																				
<p>List all sample and non-sample clients that had complaints during the review period.</p> <table border="1"> <thead> <tr> <th>Client Name:</th> <th>Date Complaint Received:</th> <th>Date Investigation &amp; Resolution Completed:</th> <th>Investigated &amp; Resolved Timely? (Y/N)</th> <th>Date Submitted to DHS:</th> <th>Submitted to DHS Timely (Y/N)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Client Name:	Date Complaint Received:	Date Investigation & Resolution Completed:	Investigated & Resolved Timely? (Y/N)	Date Submitted to DHS:	Submitted to DHS Timely (Y/N)																																																												
Client Name:	Date Complaint Received:	Date Investigation & Resolution Completed:	Investigated & Resolved Timely? (Y/N)	Date Submitted to DHS:	Submitted to DHS Timely (Y/N)																																																																	
<p>NOTE: Investigated and resolved timely includes the client's initials on client-initiated complaints or witness's signature when the client refuses to sign  <b>REFERENCE:40TAC §49.14(5); Manual Section 2100</b>            NOTE: Review Form 2067 Signature Date to determine if the provider agency submitted the resolution of the complaint to DHS timely.</p>																																																																						
c. Is there documentation that the provider agency:  1. Investigated and resolved all of the complaints within five workdays of receipt of the complaint?.....  2. Submitted the complaint findings of all of the complaints to DHS within 30 days of receipt of the complaint? ..... <b>REFERENCE: 40 TAC §49.14(4); Manual Section 2100</b> <b>If any complaint that is received from a sample or a non-sample client during the review period:</b> <ul style="list-style-type: none"> <li>Is not investigated and resolved timely, mark Item c1 NO;</li> <li>If the findings are not reported timely to DHS, mark Item c2 NO.</li> </ul> <b>If either Item c1 or c2 is marked NO, Standard 5 is NOT MET</b>	<input type="checkbox"/>	<input type="checkbox"/>		If any Item in the above column " Investigated & Resolved Timely? (Y/N)" is marked NO, mark Item c1 NO.  If any Item in the above column " Submitted to DHS Timely? (Y/N)" is marked NO, mark Item c2 NO.																																																																		
<b>STANDARD 5 is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Do not include the findings for Standard 5 in determining the compliance level for the provider agency. Report Standard 5 findings separately in the Findings section of Form 3853. Request that the provider agency develops a corrective action plan and/or sanction if compliance with Standard 5 is Not Met.																																																																		



## COMPLIANCE MONITORING GUIDE FOR CONTRACT PERFORMANCE STANDARDS

### PURPOSE

To serve as the primary document to record findings of standards compliance monitoring of Primary Home Care/Family Care (PHC/FC) providers.

### PROCEDURE

#### When to Prepare

DHS staff who conduct the monitoring complete Form 3858 when reviewing a case.

#### Number of Copies

Complete one original.

#### Transmittal

DHS staff will retain the original for DHS records. A copy of the form is given to the provider agency only if requested during or after the exit conference.

#### Form Retention

Retain this form according to the terms in the *Primary Home Care Provider Manual*.

#### Supply Source

This form must be printed from the electronic version of the *Community Care Provider Forms Manual*.

### DETAILED INSTRUCTIONS

**Client Name** — Enter the name of the client whose case is reviewed. This item also appears at the top of Pages 2 - 4.

**Medicaid No.** — Enter the Medicaid recipient number of the client whose case is reviewed.

**Review Period** — Enter the month(s) and year(s) you are reviewing.

**Review Type** — Mark the appropriate box for the type of review you are conducting: Formal, or Follow-Up.

**Service** — Mark the appropriate box for the type of service (Item 23a, Form 2101, Authorization for Community Care Services).

**Priority** — Mark the appropriate box for the priority level (Item 10, Form 2101, Authorization for Community Care Services):

Priority — If, during the review period, the participant was assigned a priority status (Code 2); or

Non-Priority — If, during the review period, the participant was assigned a non-priority status (Code 1).

**Agency Name** — Enter the name of the provider agency reviewed. This item also appears at the top of Page 5.

**Vendor No.** — Enter the vendor number of the provider agency reviewed.

**Monitor** — Enter the name of the DHS staff who does the review.

**Region** — Enter the number of the region to which the provider agency is assigned.

**Date of Review** — Enter the date the review is conducted.

**Form Summary** — Enter the overall compliance for each Standard as Met, Not Met or N/A (Not Applicable).

**Standard 1, Initial Health Assessment** — Apply Standard 1 to cases in which the initial assessment was due or done during the review period. Review all cases in which the 14<sup>th</sup> day from the referral date (Item 1, Form 2101, Authorization for Community Care Services) falls in the review period, regardless of when the assessment was completed. Review only one month prior to the review period, however, to determine whether the initial assessment was done within 14 calendar days of the referral date (Item 1 on Form 2101.)

This standard does not apply to transfer cases.

For each Item a through d:

- mark Yes, No, or N/A (Not Applicable); and
- enter appropriate comments in the Notes section.

Review all Items, a - d, even if one Item causes the overall Standard to be Not Met. This is to ensure compliance with all rules.

Below Item d, indicate whether Standard 1 is Met, Not Met, or N/A (Not Applicable).

**Standard 2, Service Initiation** — Apply Standard 2 to cases in which services should have been initiated or were initiated during the review period. Review all cases in which the service initiation due date (7<sup>th</sup> or 14<sup>th</sup> day, as applicable) falls in the review period, regardless of when services were initiated. Review only one month prior to the review period, however, to determine whether services were initiated timely or the reason for delay was documented.

This standard does not apply to transfer cases.

For each Item a through f:

- mark Yes, No, or N/A (Not Applicable); and
- enter appropriate comments in the Notes section.

Review all Items, a - f, even if one Item causes the overall Standard to be Not Met. This is to ensure compliance with all rules.

Below Item f, indicate whether Standard 2 is Met, Not Met, or N/A (Not Applicable).

**Standard 3, Ongoing Services** — Apply Standard 3 to all cases in the review sample. Review prior to the review period, if needed, to determine whether the required timeframes were met.

**Item a** — The supervisory visit must be done on or before the last day of the month the visit is due. The assigned supervisor sets the visit frequency for PHC/FC clients. The assigned supervisor may be an RN, or someone who is not an RN. An RN must supervise the client if the license category is Licensed Home Health.

Use the following to determine if Item a is applicable:

**“Was a visit completed during the review period?”** If the answer is “yes”, then always review Item a. The contract manager must follow these steps to determine if Item a is Met or Not Met:

- Determine the date of the previous supervisory visit (look as far back as necessary to find the previous supervisory visit).

- Determine the visit frequency indicated on the previous supervisory visit.
- Determine the due date for the next supervisory visit (based on the previous supervisory visit and the visit frequency).
- Determine if the supervisory visit completed during review period was completed **on or before** the due date for the next visit.

If the supervisory visit was completed on or before the due date for the next supervisory visit mark Item a Yes. If the supervisory visit was not completed on or before the due date for the next supervisory visit mark Item a No.

**“Was a visit completed during the review period?”** If the answer is “no”, then review Item a only if applicable. The contract manager must follow these steps to determine if Item a is Not Applicable or Not Met.

- Determine the date of the previous supervisory visit (look as far back as necessary to find the previous supervisory visit).
- Determine the visit frequency indicated on the previous supervisory visit.
- Determine the due date for the next supervisory visit (based on the previous supervisory visit and the visit frequency).
- Determine if the due date for the next supervisory visit is **on or before** the last day of the review period.

If the due date for the next supervisory visit is on or before the last day of the review period mark Item a No (regardless of how far before the review period the due date is). If the due date for the next supervisory visit is after the last day of the review period mark Item a N/A (Not Applicable). The provider agency still has time after the review period to complete the supervisory visit before the due date.

**Item b and c** — A regular attendant must be oriented in the client's home on or before the first day he begins to provide services to the client. A special attendant must be oriented in the client's home, in the provider agency office, or by telephone on or before the first day he begins to provide services to the client.

A regular attendant may stop working for a client, and then return to work for that client at a later date. A special attendant usually stops and starts working for a client several times. The assigned supervisor is required to re-orient a regular or special attendant if there have been any changes to the client's condition or service plan since the last date he worked for the

client. If there have been no changes to the client's condition or service plan since the last date the attendant worked for the client, the assigned supervisor is not required to re-orient a regular or special attendant. The assigned supervisor may re-orient any attendant if they determine it is necessary.

For each Item a through g:

- mark Yes, No, or N/A (Not Applicable); and
- enter appropriate comments in the Notes section.

Review all Items, a - g, even if one Item causes the overall Standard to be Not Met. This is to ensure compliance with all rules.

Below Item g, indicate whether Standard 3 is Met, Not Met, or N/A (Not Applicable).

**Standard 4, Service Breaks** — Apply Standard 4 to all cases in the review sample. Review the month prior to the review period, if needed, to determine whether the required timeframes were met.

**Item a** — Review Item a for all Priority clients. An interruption occurs for Priority clients when the client does not receive all authorized/scheduled services. Review the service delivery records to determine if there were any interruptions. Review the documentation in the casefile to determine the reason for every interruption.

If item a is marked NO, and any instance of less than scheduled service/no service provided during the entire review period does not have a reason documented, or the reason documented is not valid, Standard 4 is NOT MET.

**Item b** — Review Item b for all Non-Priority clients. Review the service delivery records to determine if there were any service breaks. A service break occurs for non-priority clients if there are more than 14 calendar days from the first day missed. Start counting the first day services were scheduled to be provided but were not delivered as the first day missed.

Review the documentation in the casefile to determine if each service break was verbally approved by the caseworker, and written approval obtained within seven days of the verbal approval. Another approval is not required when an approval has already been obtained and the service break continues consecutively. Another approval is needed only if a service break occurs after services have been resumed.

For Item a and b:

- mark Yes, No, or N/A (Not Applicable); and
- enter appropriate comments in the Notes section.

Below Item B, indicate whether Standard 4 is Met, Not Met, or N/A (Not Applicable).

**Standard 5, Complaints** — Complete Standard 5 only once for each provider agency.

**Item a** — Mark Item a Yes or No, depending on whether the provider agency has a log for complaints. If the provider agency does not have a complaint log, mark Item a No.

Below Item c, indicate whether Standard 5 is Met or Not Met.

Report findings of Standard 5 separately from the other standards. Document the results in the findings section of Form 3853, Provider Agency Evaluation Summary. Request that the provider agency develop a corrective action plan if compliance with Standard 5 is Not Met